

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014433

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 544Registrar's No. 857

STATE FILE NUMBER

FILED MAR 25 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kirkwood

Length of stay in 1b
DOAc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Joseph Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY
OR TOWN

Glendale

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

961 Nancy Carol Ln.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

Ewing

Last

Stark

4. DATE
OF DEATH

March 8, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-15-1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Boyd's Dept. Store

11. BIRTHPLACE (City and state or country)

Dukedom, Tenn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Jackson Stark

13b. MOTHER'S MAIDEN NAME

Sara Elizabeth Webb

14. NAME OF HUSBAND OR WIFE

Charlotte Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

981

Glendale, Mo. Address

Charlotte Stark-961 Nancy Carol

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion
with Congestive Heart FailureINTERVAL BETWEEN
ONSET AND DEATH

6 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 25, 63 to March 8, 63 and last saw him alive on Feb 25, 63
Death occurred at 2:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Michael Sulick, M.D.

22b. ADDRESS

9012 Manchester Rd

22c. DATE SIGNED

3-11-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3-11-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

23d. LOCATION (City, town, or county)

Kirkwood 22, Mo.

(State)

24. FUNERAL DIRECTOR

Pfitzinger Mort-Kirkwood 22, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-11-63

26. REGISTRAR'S SIGNATURE

John Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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1292-0

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FEB 27 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 366

P. O. Address Stouck, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.